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CONFIRMATION NO. 5854

<b>SERIAL NUMBER</b> 10/600,055	<b>FILING OR 371(c) DATE</b> 06/20/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> 1/1358
<b>APPLICANTS</b> Uwe Ries, Biberach, GERMANY; Wolfgang Wienen, Biberach-Rissegg, GERMANY; Uwe Schuehly, Mittlbiberach, GERMANY;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/400,166 08/01/2002				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 10227668.4 06/20/2002				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/11/2003</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 19
				<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 28501				
<b>TITLE</b> Pharmaceutical compositions for the treatment of systemic inflammatory response syndrome				
<b>FILING FEE RECEIVED</b> 1048	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	